

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

1. AGENCY/SUBAGENCY ORIGINATING REQUEST Office of the Assistant Secretary of Defense for Health Affairs		2. OMB CONTROL NUMBER a. _____ - _____ <input checked="" type="checkbox"/> b. NONE 2384	
3. TYPE OF INFORMATION COLLECTION (X one) (For b. - f., note Item A2 of Supporting Statement instructions)		4. TYPE OF REVIEW REQUESTED (X one)	
<input checked="" type="checkbox"/> a. NEW COLLECTION <input type="checkbox"/> b. REVISION OF A CURRENTLY APPROVED COLLECTION <input type="checkbox"/> c. EXTENSION OF A CURRENTLY APPROVED COLLECTION <input type="checkbox"/> d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED <input type="checkbox"/> e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED <input type="checkbox"/> f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL NUMBER		<input checked="" type="checkbox"/> a. REGULAR SUBMISSION <input type="checkbox"/> b. EMERGENCY - APPROVAL REQUESTED BY: _____/_____/_____ <input type="checkbox"/> c. DELEGATED 5. SMALL ENTITIES Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6. REQUESTED EXPIRATION DATE <input checked="" type="checkbox"/> a. THREE YEARS FROM APPROVAL DATE <input type="checkbox"/> b. OTHER: _____	
7. TITLE Professional Qualifications, Medical and Peer Reviewers			
8. AGENCY FORM NUMBER(S) (if applicable) OASD/HLTH 38			
9. KEYWORDS CHAMPUS, Medical Reviewer, Qualifications			
10. ABSTRACT Information collection necessary to obtain and record professional qualifications of medical and peer reviewers utilized with CHAMPUS. Form is included as an exhibit in an appeal or hearing case file as evidence of reviewer's qualifications to review medical documentation. Respondents are medical professionals who provide medical and peer review of cases appealed to the Office of Appeals and Hearing, OCHAMPUS.			
11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X")		12. OBLIGATION TO RESPOND (X one)	
<input type="checkbox"/> a. INDIVIDUALS OR HOUSEHOLDS <input checked="" type="checkbox"/> b. BUSINESS OR OTHER FOR-PROFIT <input type="checkbox"/> c. NOT-FOR-PROFIT INSTITUTIONS <input type="checkbox"/> d. FARMS <input type="checkbox"/> e. FEDERAL GOVERNMENT <input type="checkbox"/> f. STATE, LOCAL OR TRIBAL GOVERNMENT		<input type="checkbox"/> a. VOLUNTARY <input checked="" type="checkbox"/> b. REQUIRED TO OBTAIN OR RETAIN BENEFITS <input type="checkbox"/> c. MANDATORY	
13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN		14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars)	
a. NUMBER OF RESPONDENTS 60 b. TOTAL ANNUAL RESPONSES 60 (1) Percentage of these responses collected electronically 75 % c. TOTAL ANNUAL HOURS REQUESTED 4 d. CURRENT OMB INVENTORY 0 e. DIFFERENCE (+, -) 4 f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -) 4 (2) Adjustment (+, -) 0		a. TOTAL CAPITAL/STARTUP COSTS \$1,000.00 b. TOTAL ANNUAL COSTS (O&M) \$500.00 c. TOTAL ANNUALIZED COST REQUESTED \$1,500.00 d. CURRENT OMB INVENTORY \$0.00 e. DIFFERENCE (+, -) \$1,500.00 f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -) \$1,500.00 (2) Adjustment (+, -) \$0.00	
15. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X")		16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply)	
<input type="checkbox"/> a. APPLICATION FOR BENEFITS <input type="checkbox"/> b. PROGRAM EVALUATION <input checked="" type="checkbox"/> c. GENERAL PURPOSE STATISTICS <input checked="" type="checkbox"/> d. AUDIT <input type="checkbox"/> e. PROGRAM PLANNING OR MANAGEMENT <input type="checkbox"/> f. RESEARCH <input type="checkbox"/> g. REGULATORY OR COMPLIANCE		<input type="checkbox"/> a. RECORDKEEPING <input checked="" type="checkbox"/> c. REPORTING: (1) On Occasion <input type="checkbox"/> (2) Weekly <input type="checkbox"/> (3) Monthly (4) Quarterly <input type="checkbox"/> (5) Semi-Annually <input type="checkbox"/> (6) Annually (7) Biennially <input type="checkbox"/> (8) Other (Describe) _____	
17. STATISTICAL METHODS Does this information collection employ statistical methods? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. AGENCY CONTACT (Person who can best answer questions regarding the content of this submission) a. NAME (Last, First, Middle Initial) JAMES, SARAH BETH, GS-13 Chief of Medical Review Division b. TELEPHONE NUMBER (include area code) (202) 555-5555	

OMB CONTROL NUMBER -	TITLE Professional Qualifications, Medical and Peer Reviewers	
19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS		
a. PROGRAM OFFICIAL CERTIFICATION <i>(Internal DoD Use Only)</i>		
(1) Signature Self-Explanatory	(2) Date	
<p>On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.</p> <p>NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. <i>The certification is to be made with reference to those regulatory provisions as set forth in the instructions.</i></p> <p>The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:</p> <ul style="list-style-type: none"> (a) It is necessary for the proper performance of agency functions; (b) It avoids unnecessary duplication; (c) It reduces burden on small entities; (d) It uses plain, coherent, and unambiguous language that is understandable to respondents; (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices; (f) It indicates the retention periods for recordkeeping requirements; (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about: <ul style="list-style-type: none"> (i) Why the information is being collected; (ii) Use of information; (iii) Burden estimate; (iv) Nature of response (voluntary, required for a benefit, or mandatory); (v) Nature and extent of confidentiality; and (vi) Need to display currently valid OMB control number; (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions); (i) If applicable, it uses effective and efficient statistical survey methodology; and (j) It makes appropriate use of information technology. <p>If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement:</p> <div style="text-align: center; font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">SAMPLE</div>		
b. SENIOR OFFICIAL OR DESIGNEE CERTIFICATION		
(1) Signature (DOD ONLY)	(2) Date	

INSTRUCTIONS FOR REQUESTING OMB REVIEW UNDER THE PAPERWORK REDUCTION ACT

Please answer all questions and have the Senior Official or designee sign the form. These instructions should be used in conjunction with 5 CFR 1320, which provides information on coverage, definitions, and other matters of procedure and interpretation under the Paperwork Reduction Act of 1995.

1. Agency/Subagency Originating Request

Provide the name of the agency or subagency originating the request. For most Cabinet-level agencies, a subagency designation is also necessary. For non-Cabinet agencies, the subagency designation is generally unnecessary.

2. OMB Control Number

- a. If the information collection in this request has previously received or now has an OMB control or comment number, enter the number.
- b. Mark "None" if the information collection in this request has not previously received an OMB control number. Enter the four digit agency code for your agency.

3. Type of Information Collection (*X one*)

- a. Mark "New collection" when the collection has not previously been used or sponsored by the agency.
- b. Mark "Revision" when the collection is currently approved by OMB, and the agency request includes a material change to the collection instrument, instructions, its frequency of collection, or the use to which the information is to be put.
- c. Mark "Extension" when the collection is currently approved by OMB and the agency wishes only to extend the approval past the current expiration date without making any other material change in the collection instrument, instructions, its frequency of collection, or the use to which the information is to be put.
- d. Mark "Reinstatement without change" when the collection previously had OMB approval, but the approval has expired or was withdrawn before this submission was made, and there is no change to the collection.
- e. Mark "Reinstatement with change" when the collection previously had OMB approval, but the approval has expired or was withdrawn before this submission was made, and there is change to the collection.
- f. Mark "Existing collection in use without OMB control number" when the collection is currently in use but does not have a currently valid OMB control number.

4. Type of Review Requested (*X one*)

- a. Mark "Regular" when the collection is submitted under 5 CFR 1320.10, 1320.11, or 1320.12 with a standard 60 day review schedule.
- b. Mark "Emergency" when the agency is submitting the request under 5 CFR 1320.13 for emergency processing and provides the required supporting material. Provide the date by which the agency requests approval.
- c. Mark "Delegated" when the agency is submitting the collection under the conditions OMB has granted the agency delegated authority.

5. Small Entities

Indicate whether this information collection will have a significant impact on a substantial number of small entities. A small entity may be (1) a small business which is deemed to be one that is independently owned and operated and that is not dominant in its field of operation; (2) a small organization that is any not-for-profit enterprise that is independently owned and operated and is not dominant in its field; or (3) a small government jurisdiction which is a government of a city, county, town, township, school district, or special district with a population of less than 50,000.

6. Requested Expiration Date

- a. Mark "Three years" if the agency requests a three year approval for the collection.
- b. Mark "Other" if the agency requests approval for less than three years. Specify the month and year of the requested expiration date.

7. Title

Provide the official title of the information collection. If an official title does not exist, provide a description which will distinguish this collection from others.

8. Agency Form Number(s) (*If applicable*)

Provide any form number the agency has assigned to this collection of information. Separate each form number with a comma.

9. Keywords

Select and list at least two keywords (descriptors) from the "Federal Register Thesaurus of Indexing Terms" that describe the subject area(s) of the information collection. Other terms may be used but should be listed after those selected from the thesaurus. Separate keywords with commas. Keywords should not exceed two lines of text.

10. Abstract

Provide a statement, limited to five lines of text, covering the agency's need for the information, uses to which it will be put, and a brief description of the respondents.

11. Affected Public

Mark all categories that apply, denoting the primary public with a "P" and all others that apply with "X."

12. Obligation to Respond

- Mark all categories that apply, denoting the primary obligation with a "P" and all others that apply with "X."
- a. Mark "Voluntary" when the response is entirely discretionary and has no direct effect on any benefit or privilege for the respondent.
 - b. Mark "Required to obtain or retain benefits" when the response is elective, but is required to obtain or retain a benefit.
 - c. Mark "Mandatory" when the respondent must reply or face civil or criminal sanctions.

13. Annual Reporting and Recordkeeping Hour Burden

- a. Enter the number of respondents and/or recordkeepers. If a respondent is also a recordkeeper, report the respondent only once.
- b. Enter the number of responses provided annually. For recordkeeping as compared to reporting activity, the number of responses equals the number of recordkeepers.
- (1) Enter the estimated percentage of responses that will be submitted/collected electronically using magnetic media (i.e., diskette), electronic mail, or electronic data interchange. Facsimile is NOT considered an electronic submission.
- c. Enter the total annual recordkeeping and reporting hour burden.
- d. Enter the burden hours currently approved by OMB for this collection of information. Enter zero (0) for any new submission or for any collection whose OMB approval has expired.
- e. Enter the difference by subtracting line d from line c. Record a negative number (d larger than c) within parentheses.
- f. Explain the difference. The difference in line e must be accounted for in lines f.(1) and f.(2).
- (1). "Program change" is the result of deliberate Federal government action. All new collections and any subsequent revision of existing collections (e.g. the addition or deletion of questions) are recorded as program changes.
- (2). "Adjustment" is a change that is not the result of a deliberate Federal government action. Changes resulting from new estimates or actions not controllable by the Federal government are recorded as adjustments.

14. Annual Reporting and Recordkeeping Cost Burden (In thousands of dollars)

- The costs identified in this item must exclude the cost of hour burden identified in Item 13.
- a. Enter total dollar amount of annualized cost for all respondents of any associated capital or start-up costs.
 - b. Enter recurring annual dollar amount of cost for all respondents associated with operating or maintaining systems or purchasing services.
 - c. Enter total (14.a. + 14.b.) annual reporting and recordkeeping cost burden.

INSTRUCTIONS FOR REQUESTING OMB REVIEW UNDER THE PAPERWORK REDUCTION ACT (Continued)	CERTIFICATION REQUIREMENT FOR PAPERWORK REDUCTION ACT SUBMISSIONS
<p>14. (Continued)</p> <p>d. Enter any cost burden currently approved by OMB for this collection of information. Enter zero (0) if this is the first submission after October 1, 1995.</p> <p>e. Enter the difference by subtracting line d from line c. Record a negative number (d larger than c) within parentheses.</p> <p>f. Explain the difference. The difference in line e must be accounted for in lines f.(1) and f.(2).</p> <p>(1) "Program change" is the result of deliberate Federal government action. All new collections and any subsequent revisions or changes resulting in cost changes are recorded as program changes.</p> <p>(2) "Adjustment" is a change that is not the result of a deliberate Federal government action. Changes resulting from new estimations or actions not controllable by the Federal government are recorded as adjustments.</p> <p>15. Purpose of Information Collection</p> <p>Mark all categories that apply, denoting the primary purpose with a "P" and all others that apply with "X."</p> <p>a. Mark "Application for benefits" when the purpose is to participate in, receive, or qualify for a grant, financial assistance, etc., from a Federal agency or program.</p> <p>b. Mark "Program evaluation" when the purpose is a formal assessment, through objective measures and systematic analysis, of the manner and extent to which Federal programs achieve their objectives or produce other significant effects.</p> <p>c. Mark "General purpose statistics" when the data is collected chiefly for use by the public or for general Government use without primary reference to the policy or program operations of the agency collecting the data.</p> <p>d. Mark "Audit" when the purpose is to verify the accuracy of accounts and records.</p> <p>e. Mark "Program planning or management" when the purpose relates to progress reporting, financial reporting and grants management, procurement and quality control, or other administrative information that does not fit into any other category.</p> <p>f. Mark "Research" when the purpose is to further the course of research, rather than for a specific program purpose.</p> <p>g. Mark "Regulatory or compliance" when the purpose is to measure compliance with laws or regulations.</p> <p>16. Frequency of Recordkeeping or Reporting</p> <p>Mark "Recordkeeping" if the collection of information explicitly includes a recordkeeping requirement.</p> <p>Mark "Third party disclosure" if a collection of information includes third-party disclosure requirements as defined by 1320.3(c).</p> <p>Mark "Reporting" for information collections that involve reporting and check the frequency of reporting that is requested or required of a respondent. If the reporting is on "an event" basis, mark "On Occasion".</p> <p>17. Statistical Methods</p> <p>Mark "Yes" if the information collection uses statistical methods such as sampling or imputation. Generally, mark "No" for applications and audits (unless a random auditing scheme is used). Mark "Yes" for statistical collections, most research collections, and program evaluations using scientific methods. For other types of data collections, the use of sampling, imputation, or other statistical estimation techniques should dictate the response for this item. Ensure that supporting documentation is provided in accordance with Section B of the Supporting Statement.</p> <p>18. Agency Contact</p> <p>Provide the name and telephone number of the agency person best able to answer questions regarding the content of this submission.</p> <p>19. Certification for Paperwork Reduction Act Submissions</p> <p>By signing this statement, the Program Official certifies internally to WHS/DIOR that the collection of information encompassed by the request complies with 5 CFR 1320.9. However, the signature of the Senior Official or designee certifies to OMB, for the Department of Defense, that the information encompassed by the request complies with the provisions of 5 CFR 1320.9. Provisions of this certification that the agency cannot comply with should be identified here and fully explained in Item 18 of the attached Supporting Statement. NOTE: The Office that "develops" and "uses" the information to be collected is the office that "conducts or sponsors" the collection of information (see 5 CFR 1320.3(d)).</p>	<p>5 CFR 1320.9 reads "As part of the agency submission to OMB of a proposed collection of information, the agency (through the head of the agency, the Senior Official or their designee), shall certify (and provide a record supporting such certification) that the proposed collection of information -</p> <p>"(a) is necessary for the proper performance of the functions of the agency, including that the information to be collected will have practical utility;</p> <p>"(b) is not unnecessarily duplicative of information otherwise reasonably accessible to the agency;</p> <p>"(c) reduces to the extent practicable and appropriate the burden on persons who shall provide information to or for the agency, including with respect to small entities, as defined in the Regulatory Flexibility Act (5 U.S.C. 601(6)), the use of such techniques as:</p> <p>"(1) establishing differing compliance or reporting requirements or timetables that take into account the resources available to those who are to respond;</p> <p>"(2) the clarification, consolidation, or simplification of compliance and reporting requirements; or collection of information, or any part thereof;</p> <p>"(3) an exemption from coverage of the collection of information, or any part thereof;</p> <p>"(d) is written using plain, coherent, and unambiguous terminology and is understandable to those who are to respond;</p> <p>"(e) is to be implemented in ways consistent and compatible, to the maximum extent practicable, with the existing reporting and recordkeeping practices of those who are to respond;</p> <p>"(f) indicates for each recordkeeping requirement the length of time persons are required to maintain the records specified;</p> <p>"(g) informs potential respondents of the information called for under 1320.8(b)(3); (see below)</p> <p>"(h) has been developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected, including the processing of the information in a manner which shall enhance, where appropriate, the utility of the information to agencies and the public;</p> <p>"(i) uses effective and efficient statistical survey methodology appropriate to the purpose for which the information is to be collected; and</p> <p>"(j) to the maximum extent practicable, uses appropriate information technology to reduce burden and improve data quality, agency efficiency and responsiveness to the public."</p> <p>NOTE: 5 CFR 1320.8(b)(3) requires that each collection of information:</p> <p>"(3) informs and provides reasonable notice to the potential persons to whom the collection of information is addressed of:</p> <p>"(i) the reasons the information is planned to be and/or has been collected;</p> <p>"(ii) the way such information is planned to be and/or has been used to further the proper performance of the functions of the agency;</p> <p>"(iii) an estimate, to the extent practicable, of the average burden of the collection (together with a request that the public direct to the agency any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden);</p> <p>"(iv) whether responses to the collection of information are voluntary, required to obtain or retain a benefit (citing authority), or mandatory (citing authority);</p> <p>"(v) the nature and extent of confidentiality to be provided, if any (citing authority); and</p> <p>"(vi) the fact that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number."</p>